

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address <b>Randolph Ramirez</b> 8632 East Valley Blvd. #P Rosemead, CA 91770 626-288-1699 Fax: 626-288-1695 297928 randolph.ramirez@yourlegalneeds.net	FOR COURT USE ONLY
<input type="checkbox"/> Individual appearing without attorney <input type="checkbox"/> Attorney for Movant	
<b>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA</b>	
In re:  <b>Allan Miro</b>	CASE NO.: CHAPTER: 7
	<b>DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE [11 U.S.C. § 521(a)(1)(B)(iv)]</b>
Debtor(s).	[No hearing Required]

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

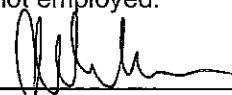
Declaration of Debtor 1

I. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

**During the 60-day period before the Petition Date** (Check only ONE box below):

☐ I was paid by an employer. Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)

☒ I was not paid by an employer because I was either self-employed only, or not employed.

Date: 2/14/17 Allan Miro   
Printed name of Debtor 1 Signature of Debtor 1

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. ☐ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

**During the 60-day period before the Petition Date** (Check only ONE box below):

☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)

☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: \_\_\_\_\_  
Printed name of Debtor 2 \_\_\_\_\_  
Signature of Debtor 2 \_\_\_\_\_